JAN 12 1938

STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

VOLUME 18 DECEMBER · 1937 NUMBER 12

America's Loss Through Fatal Accidents in 1937

ONCE again, as the year draws to a close, we scan the national accident record. Once again the verdict is unsatisfactory. This is now clear, even though all the records are not in. Every indication, particularly the index of the National Safety Council, points to a toll of around 104,000 killed in accidents of one kind or another, the highest figure for any year with the single exception of 1936, when, according to the National Safety Council's estimate, the all-time high figure of 111,000 deaths was reached. As compared with this record figure, 1937 showed a recession by more than 6 percent.

Among urban wage-earners and their families, as represented by the Industrial policyholders of the Metropolitan Life Insurance Company, a similar decline of 6.4 percent in the death rate from accidents, as compared with 1936, was observed, but for this group the decline brought about a new record minimum of 53.8 per 100,000. In comparing the experience of the policyholders with that of the general population, it must be borne in mind that, for the most part, the former are urban residents and that the rise in automobile accidents has been checked in the cities where speed of traffic has been slowed down by congestion and by control by the public authorities, whereas speed of automobile travel in rural districts is less rigorously controlled and consequently is continuously increasing with an ever-mounting death toll.

Accident fatalities in the home or in public places (exclusive of motor vehicle fatalities) apparently were lower in 1937 than in 1936. Motor vehicle and occupational accident fatalities, on the other hand, increased.

The ugliest feature of the accident situation was a rise of about 2,000 in the number of motor vehicle fatalities, bringing the total to the unheard of figure of 40,000 deaths in one year, a new high record.

Catastrophes contributed their share to the accident toll in 1937. Outstanding in the number of lives lost were the Ohio-Mississippi Valley floods in which hundreds were killed; the explosion and building collapse,

the worst school calamity in recorded history, at New London, Tex. (294 lives); the dirigible, Hindenburg fire (35 lives); the coal mine accidents at Mulga, Ala. (34 lives), near Sullivan, Ind. (20 lives), and at Logan, W. Va. (18 lives). Incidentally, although the coal mine accident at Mulga, Ala., took more lives than any mine accident since 1932, the number killed in no way approached the figures, running into hundreds, recorded in many such accidents in past decades.

Accidents in which there were more than 10 deaths included a building collapse at Staten Island, N. Y. (21 lives); a bus accident in Illinois (21 lives) and one in Florida (17 lives); an airplane crash in Utah (19 lives), another near Pittsburgh (13 lives), and one in the San Francisco Bay (11 lives), and the forest fire at Cody, Wyo. (14 lives).

A regrettable loophole in our Food and Drug laws was revealed during the year by the tragic deaths by poisoning of 73 persons through the use of the drug "elixir of sulfanilamide." The U. S. Food and Drug Administration was forced to carry on a spectacular race against death until every drop of sulfanilamide in the form of this dangerous solution, distributed to the public in 15 States, had been confiscated or accounted for. As a result of the recent affair the U. S. Food and Drug Administration has appealed for sharper drug laws to prevent a repetition of such a calamity.

Although data are incomplete, it is estimated that during 1937, about once in every 10 days on an average, there occurred a motor vehicle accident in which five or more persons were killed at one time. In many cases these persons were all members of the same family. Similarly, five or more persons were killed in a single home accident on the average at least once each month.

There is not much that is new in this 1937 record. Each year has its catastrophes, taking many lives: the school disaster in 1937, in other years a prison disaster, a flood, a forest fire, or a sunken ship; and every year the much larger aggregate loss of life in accidents involving one or two lives—a continuing bad record of individual and official carelessness.

It is not here suggested that nothing has been done to reduce our national loss. Indeed, large sums were spent during 1937 on accident prevention; a corps of capable and earnest safety workers have bent their efforts to reduce accidents; press and radio have carried the account of the national loss and spread the gospel of safety; and yet we have made but a meagre gain. Perhaps this is not an altogether fair statement of the situation. There are indications that increased automobile mileage contributed to the increase in motor car deaths. It may transpire on further analysis that the increase in fatalities was proportionally less than the increased mileage. Possibly, too, there were more occupational accidents because more men were at work.

That we have kept our losses

down to something less than what might have been expected on the score of increasing numbers exposed to these hazards, is, of course, an indication of some gain. But we can never be satisfied with that small measure of success. A substantial decrease in the actual number of deaths from accidents from year to year has been and must continue to be the goal of safety workers. The lesson seems to be that still more money and more intelligent effort must be expended throughout the United States to make each of us safety conscious.

Accident prevention is one activity where economy, beyond the point of seeing that expenditures are directed to the best effect, is false economy that will in the long run cost this country dearly in many thousands of lives needlessly sacrificed.

The Balance of the Birth Rate and Death Rate in 1937

THE balance of the birth rate over the death rate in the United States will be a trifle more favorable this year than last. Reports furnished the Metropolitan Life Insurance Company through the courtesy of health and registration officials of 41 States and the District of Columbia* and covering the first nine months of 1937 show that the birth rate (16.5 per 1,000 estimated population) was identical with that recorded for the same period in 1936, while the death rate dropped slightly, namely, from 11.7 in 1936 to 11.5, in 1937. Hence, the rate of natural increase, that is the excess of the birth rate over the death rate, has improved very slightly, from 4.8 per 1,000 last year to 5.0 per 1,000 this year. These figures are, of course, provisional; but when the final official data for the current year, and for the entire country, become available, it is unlikely that they will differ more than fractionally from those for the nine-month period. Last year similar data for nine months, for 34 States and the District of Columbia, gathered by this Company, indicated a 1936 birth rate of 16.5 per 1,000 and a death rate of 11.5. The final figures turned out to be 16.6 and 11.5, respectively.

It may be recalled that in 1934—for the first time in a long series of years—there was an increase in the American birth rate. It was the general hope that this rise marked the end of the long-time downward course. The 1934 increase, however, has proved to have been only a temporary deviation from the drop that has been going on year after year, for the birth rate fell again in 1935 and in 1936—and now, in 1937, the indications are that there will be no rise.

It is interesting to analyze the year-to-year changes in the birth rate (*i.e.*, from 1936 to 1937) in the

*Containing 92 percent of the total population of the Continental United States.

several broad geographic divisions of the United States. A decided drop is in evidence for the West North Central States and there have been considerable decreases in New England (with the data for Massachusetts missing). Slight declines, furthermore, have occurred in the East North Central and East South Central divisions.

One section of the country, the Pacific Coast, presents a picture very unlike that for the rest of the United States. There, the significant rise of 8.7 percent in the birth rate was recorded for the first nine months. All three of the Pacific Coast States shared in the increase.

As regards the death rate, the slight drop of 1.7 percent in 1937 has been due to the improvement shown in the North Central, South Central, and South Atlantic divisions. The seven States in the West North Central group (Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas) have fared especially well this year, as the drop for the group, as a whole, amounts to 7.0 percent, and each and every State has recorded a lower mortality rate than in 1936. The death rate appears to have increased slightly in New England, the Middle Atlantic States, the Mountain States, and on the Pacific Coast. The Pacific Coast States, which showed the greatest increase in the birth rate this year, also, unfortunately, appeared to have recorded the largest rise in the death rate, *i.e.*, from 12.1 per 1,000 population in 1936 to 12.8 in 1937—or 5.8 percent.

For the country at large, with the birth rate constant, and the death rate only slightly improved, since last year, it follows that the crude rate of natural increase, that is the excess of the birth rate over the death rate, has changed but slightly, namely from 4.8 per 1,000 in 1936 to 5.0 per 1,000 in 1937. Our readers have been made familiar with the fact that the crude rate of natural increase alone is no criterion of our real position with regard to the maintenance of a population equilibrium. We showed in our issue of September of this year that, with the data available then, the true rate of natural increase, corrected for the effects of age distribution, was actually a negative quantity, namely −1.44 per 1,000 for our white population in 1935. While at the present time we have not the data for computing the true rate of natural increase on the basis of 1937 figures, it is beyond any doubt that we are still in the red as regards our vital account.

Decline in Birth Rate in Relation to Age of Mothers

AN ADEQUATE understanding of our declining birth rate can be gained only by a study of the degree to which women of different ages and births of successive orders of children are involved. Recent computations by the Statistical Bureau of this Company show that the

decline in the rate of reproduction was least in the early part of the reproductive period of a woman's life, becoming more and more pronounced as the age of the woman advances. Similarly, the study shows that the rate at which first children are born declined least; at the higher orders of birth the decline is greater, and this is especially marked for the fourth and subsequent children. These findings, which are presented in Tables 1 and 2, are based upon data relating to white females in the expanding birth registration area of the United States in the periods 1920 to 1924 and 1930 to 1934.

The second and third columns of Table 1 below show, in summary form, the annual number of births (all orders of birth combined) per 100,000 white females in five-year age groups, for the two periods 1920 to 1924 and 1930 to 1934. The totals for all ages combined, which may be termed gross total reproduction rates, represent the number of children that would be born among 100,000 white females traced from birth to the end of their reproductive period, assuming that none of them died† meanwhile, and that the reproduction rates continued unchanged. Since the gross total reproduction rates are simply the sums of the reproduction rates at each individual age within the reproductive period, they are essentially independent of variations in the age

†This assumption is expressed by the term *gross* reproduction rate, as distinguished from the *net* rate, which allows for deaths.

TABLE 1

Annual Births per 100,000 White Females in Quinquennial Age Groups from Ages 10 to 54; United States Expanding Birth Registration Area, 1920 to 1924 and 1930 to 1934 Compared

Age Group	Births per 100,000 White Females of Stated Ages		Percent Change from Earlier Period to Later Period
	1930 to 1934	1920 to 1924	
Gross Total Reproduction Rate*....	212,740	280,485	—24.2
10–14	25	19	+31.6
15–19	4,168	4,503	— 7.4
20–24	11,688	14,260	—18.0
25–29	11,156	14,898	—25.1
30–34	8,144	11,568	—29.6
35–39	5,194	7,558	—31.3
40–44	1,961	2,958	—33.7
45–49	208	325	—36.0
50–54	4	8	—50.0

*Since the reproduction rates shown for each quinquennial age group operate on an average for five years during the life of each woman, the gross total reproduction rate is obtained by summing the reproduction rates for the several age groups and multiplying by 5.

distribution of the population considered, and the figures for the two periods, 1920 to 1924 and 1930 to 1934, respectively, are directly comparable. The last column in Table 1 shows the percent reductions in the reproduction rates in the several age groups and in all age groups combined from the earlier to the later period.

The figures for 100,000 possible mothers of all ages combined show a drop from 280,485 offspring in the earlier period to 212,740 in the later period, a reduction of 24.2 percent in 10 years. Except in the age group 10 to 14, where births are negligible in number, the rates of reproduction have decreased for each quinquennial age group, and the decrease is more and more marked as age advances. Thus in the age group 15 to 19, the rate of reproduction fell from 4,503 per 100,000 to 4,168 per 100,000, a drop of 7.4 percent. In each of the next three age groups, 20 to 24 years, 25 to 29 years, and 30 to 34 years, the rate of reproduction declined sharply, with drops of 18.0 percent, 25.1 percent, and 29.6 percent, respectively. In the subsequent quinquennial age groups the percentage declines were respectively 31.3 percent for ages 35 to 39 years, 33.7 percent for ages 40 to 44 years, 36.0 percent for ages 45 to

TABLE 2

Gross Reproduction Rates per 100,000 White Females, Traced from Birth to the End of Their Reproductive Period, for All Orders of Birth and for Specified Orders of Birth; United States Expanding Birth Registration Area, 1920 to 1924 and 1930 to 1934 Compared

Order of Birth	Gross Reproduction Rate per 100,000 for Specified Order of Birth		Percent Change from Earlier Period to Later Period
	1930 to 1934	1920 to 1924	
All Orders	212,740	280,485	—24.2
1	65,090	76,695	—15.1
2	47,565	58,845	—19.2
3	30,925	41,490	—25.5
4	20,835	29,780	—30.0
5	14,400	21,565	—33.2
6	10,460	15,940	—34.4
7	7,525	11,725	—35.8
8	5,505	8,565	—35.7
9	3,875	5,980	—35.2
10	2,685	4,095	—34.4
11	1,655	2,490	—33.5
12	1,035	1,545	—33.0
13	580	850	—31.8
14	305	460	—33.7
15 and over	300	460	—34.8

49 years, and 50.0 percent for ages 50 to 54. As a result of these changes, the age group of maximum fertility receded from the age group 25 to 29 years in the earlier period to the age group 20 to 24 years in the later period.

The data relating to the changes in reproduction rate with regard to order of birth are presented in Table 2, in which the last column shows the percent changes in gross reproduction rates from the period of years 1920 to 1924 as compared with the period 1930 to 1934. It will be noted that the gross reproduction rate for first children declined the least, the figures being respectively 76,695 and 65,090 for white females between the ages 10 to 54 for the earlier and later periods; this corresponds to a drop of 15.1 percent. For subsequent orders of children, up to the fifth, the percent declines assumed a rapidly increasing importance, the figures for the second, third, and fourth orders of birth being 19.2 percent, 25.5 percent, and 30.0 percent, respectively. For all following orders of birth the decline in reproduction rate from the earlier to the later period ranged between a maximum of 35.8 percent for the seventh to a minimum of 31.8 percent for the 13th child.

The data presented in Tables 1 and 2 are necessarily related. Children of the higher orders of birth are born, on the average, of mothers whose ages lie toward the end of the reproductive period. Therefore, if curtailment in reproduction is greatest as far as children of higher order of birth are concerned, it follows that the decline in effective fertility will also be greatest among mothers at the later stages of their reproductive life.

The figures presented thus give clear numerical expression to the fact that the declining birth rate in the United States is due, not so much to a general reduction in the reproductive rates of our women, but to the limitation of families, whereby children of higher orders of birth are rendered more and more scarce, and the birth of American children tends to take place in increasing proportion among relatively younger women.

Sex and Mortality

IN THE human species the male is the more vulnerable sex. Each of the more important causes of death, with few exceptions, shows the same thing — a higher rate among males than among females. This is apparent from the accompanying table, which is based on the recent mortality experience for white persons insured in the Industrial Department of the Metropolitan Life Insurance Company.* But much the same story is told by the figures published by the Government for the whole population.

Out of the 39 causes listed in the

*Weekly premium-paying business, ages 1 to 74 years.

table, 27 show a relatively heavier toll among males than among females; only eight causes exhibit an excess mortality among women; four show no sex difference.

Alcoholism registers the largest percent difference in mortality between white men and white women, the respective standardized death rates in the period 1931-1935 averaging 5.2 per 100,000 and 0.6, a ratio of nearly 9 to 1. Following alcoholism in the table are ulcer of the duodenum and ulcer of the stomach, the male death rates being 620 and 486 percent, respectively, of the female rates. Incidentally, it may be noted that deaths from either alcoholism or ulcer of the duodenum are quite rare among white women, so that even with the very large excess proportion among men these diseases are still numerically of minor importance.

It is a matter of common knowledge that males are distinctly at a disadvantage in regard to deaths from violence. Four times as many white men as women are the victims of homicide. Similarly, men are

Sex Ratio of Mortality for Specified Causes. White Persons by Sex. Ages 1 to 74 Years. Metropolitan Life Insurance Company, Industrial Department, Weekly Premium-Paying Business. 1931–1935

Cause of Death	Average of Annual Death Rates* per 100,000		Percent Male of Female Rate	Cause of Death	Average of Annual Death Rates* per 100,000		Percent Male of Female Rate
	White Males	White Females			White Males	White Females	
Alcoholism (acute or chronic)	5.2	0.6	867	Typhoid fever	1.6	1.2	133
Ulcer of the duodenum	3.1	0.5	620	Malaria	0.4	0.3	133
Ulcer of the stomach	6.8	1.4	486	Leukemia	2.7	2.2	123
Homicides	6.4	1.6	400	Diarrhea and enteritis	4.7	4.0	118
Suicides	19.3	5.6	345	Chronic nephritis	60.0	52.0	115
Accidents	93.6	28.8	325	Influenza	14.4	12.7	113
Syphilis†	11.9	4.0	298	Hernia	4.0	3.6	111
Angina pectoris	16.3	6.1	267	Cerebral hemorrhage	51.1	46.0	111
Diseases of the coronary arteries	22.7	8.9	255	Diphtheria	3.1	3.0	103
Cirrhosis of the liver	11.5	4.9	235	Measles	2.0	2.0	100
Meningococcus meningitis	1.7	0.9	189	Scarlet fever	2.9	2.9	100
Arteriosclerosis	9.9	6.2	160	Chronic rheumatism	0.9	0.9	100
Pneumonia—all forms	64.0	41.9	153	Acute rheumatic fever	2.4	2.4	100
Tuberculosis—all forms	68.4	45.7	150	Cancer—all forms	85.8	89.9	95
Appendicitis	15.5	10.7	145	Intestinal obstruction	3.6	3.9	92
Erysipelas	1.3	0.9	144	Pernicious anemia	1.9	2.1	90
Acute poliomyelitis	1.3	0.9	144	Pellagra	0.9	1.0	90
Diseases of heart (1920 classification)	164.1	122.8	134	Whooping cough	1.2	1.7	71
				Diabetes	14.0	26.7	52
				Biliary calculi	1.5	4.9	31
				Exophthalmic goiter	0.7	4.0	18

*Standardized for age.
†Including locomotor ataxia and general paralysis of the insane.

much more likely to take their own lives; the suicide rate in the quinquennium 1931-1935 was 19.3 per 100,000 for white men and 5.6 for white women, a ratio of 3½ to 1. The problem of accidental death is particularly serious among males, as is indicated by the fact that the death rate for white males in the recent five-year period averaged 93.6 per 100,000, as compared with 28.8 for white females. Moreover, each type of fatal accidental injury, except burns, is charged with a higher toll for men than for women. For those means of accidental injury which arise largely out of gainful employment, and for those incidental to transportation and sports and recreation, deaths are very heavily concentrated among males.

Syphilis and allied diseases kill proportionately three times as many men as women among white persons. Among the other important diseases showing a considerably higher death rate for males than for females are the cardiovascular-renal diseases, pneumonia, tuberculosis, appendicitis, and influenza.

Virtually no sex difference is evident for three out of the four principal communicable diseases of childhood, namely, diphtheria, measles, and scarlet fever. Whooping cough, however, registers consistently a higher death rate for young girls than for boys.

Among the diseases which show a higher death rate for white women than for white men, cancer is by far the most important, though the sex difference in the recorded mortality is small. In the period 1931-1935 the standardized death rate from cancer was 85.8 per 100,000 for white males and 89.9 for white females. This small difference may simply reflect the fact that malignant tumors in women more often occur in sites accessible to direct observation, than in men, and hence recognition of the disease is more frequent in females.

The other diseases in the table which show an excess female mortality are intestinal obstruction, pernicious anemia, pellagra, diabetes, biliary calculi, and exophthalmic goiter.

There are, of course, certain important causes of death, not shown in the table, which are exclusively restricted to females. The risks incidental to the puerperal state, and generally the diseases of women, tend to counterbalance, in some degree, the advantage otherwise favoring their sex.

Thus the two sexes have many risks in common, and in addition each has its own peculiar risks. In the case of a male, these latter are in part occupational, or arise from the characteristic life habits of this sex; but in part also they are an inborn constitutional handicap, as shown by the fact that even in very early childhood, when the environmental difference for boys and girls is negligible, the male shows a higher death rate than the female. All in all, the male is biologically the more vulnerable sex.

Percent Male of Female Rate
133
133
123
118
115
113
111
111
103
100
100
100
100
95
92
90
90
71
52
31
18

Health Record for November 1937

THE November 1937 death rate of 7.7 per 1,000 is the lowest ever recorded for any November in the history of the 17,500,000 Industrial policyholders of the Metropolitan Life Insurance Company, composed for the most part of wage-earners and their dependents. Furthermore, the year-to-date mortality rate for 11 months of the current year (8.3 per 1,000) is the lowest on record for the like part of any year. Obviously the prospect is excellent that when the year closes, its mortality rate for this important cross-section of the population will be at a new low figure.

But whether or not a new minimal death record is scored for 1937, the year has already established a record that is without precedent, namely, that for five successive months—May to September, and for November, as well,—each month has registered a lower mortality rate than ever experienced during the like part of any other year.

Among the 1,250,000 insured persons who live in Canada, however, the cumulative 1937 death rate is somewhat higher (by 4.6 percent) than at this time last year. There is nothing alarming in this increase, for the year-to-date figure in Canada, despite this rise, is only 6.6 per 1,000. This is a very low death rate and indicates that health conditions among the insured in Canada, are, on the whole, distinctly favorable.

It is now practically assured that, for the combined group of American and Canadian policyholders, new minimal mortality rates for the full year will be recorded for typhoid fever, tuberculosis, chronic nephritis, puerperal diseases, homicides, and accidents (all forms). The rates for syphilis and appendicitis may also drop to new low points.

Up to the end of May the indications were that 1937 would break the long series of year-to-year decreases in the mortality from tuberculosis; but during the summer and autumn months the situation improved to such an extent that, at the end of November, the year-to-date figure was 4.6 percent lower than that for the January-November period of 1936, the year when the previous minimum was set.

The drop in the mortality from diseases of the maternal state is perhaps the most noteworthy among the several favorable developments in the health record of 1937. The cumulative mortality for these diseases is now down to the remarkably low figure of 6.6 per 100,000. Assuming that this will closely approximate the final figure at the end of the year, the decrease from the rate 10 years ago (15.5 per 100,000) will be 57 percent.

Health conditions in the general population of the large cities of the United States continued to be satisfactory through the month of November. The number of deaths reported by 86 such cities was well below the average for 1934, 1935, and 1936 for this part of the year.

The following table shows the mortality among Industrial policyholders for November 1937, October 1937, and November 1936, together with the cumulative rates for the first 11 months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis)*

MONTHS OF NOVEMBER 1937, OCTOBER 1937, AND NOVEMBER 1936.

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	November 1937	October 1937	November 1936	Cumulative January-November	
				1937	1936
TOTAL—ALL CAUSES	770.7	744.5	795.7	828.6	839.3
Typhoid fever	1.4	1.0	1.9	.9	1.0
Measles	.6	.3	.4	1.0	.9
Scarlet fever	1.2	1.1	1.3	1.6	2.1
Whooping cough	2.1	2.7	1.8	3.1	1.6
Diphtheria	4.3	2.3	2.0	1.9	1.7
Influenza	6.7	4.7	7.6	18.3	14.3
Tuberculosis (all forms)	45.0	42.9	49.4	51.4	53.9
Tuberculosis of respiratory system	39.7	38.1	45.5	46.1	48.0
Syphilis, locomotor ataxia, and general paralysis of the insane	10.9	9.1	9.7	10.7	11.5
Cancer (all forms)	94.4	86.8	93.0	93.0	91.2
Diabetes mellitus	21.0	23.2	21.6	24.8	24.1
Cerebral hemorrhage; apoplexy	58.4	56.2	62.8	58.7	61.6
Diseases of the heart†	147.8	141.2	145.9	156.4	158.6
Diseases of the coronary arteries	30.8	28.6	27.1	29.9	24.9
Angina pectoris	7.4	6.5	7.7	7.7	8.4
Pneumonia (all forms)	48.5	41.1	57.7	66.7	69.2
Diarrhea and enteritis	6.7	12.4	8.8	9.1	8.6
Appendicitis	10.1	10.5	9.5	11.1	11.2
Chronic nephritis (Bright's disease)	49.1	50.5	54.6	54.2	58.4
Puerperal state—total	5.3	5.5	5.2	6.6	7.6
Suicides	8.1	6.7	8.5	8.6	8.6
Homicides	3.8	4.9	4.5	4.7	4.8
Accidents—total	52.8	51.8	57.0	53.8	57.5
Automobile accidents	23.8	23.3	26.4	20.8	19.7
All other diseases and conditions	154.3	154.4	157.6	154.4	157.3

*The rates for 1937 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

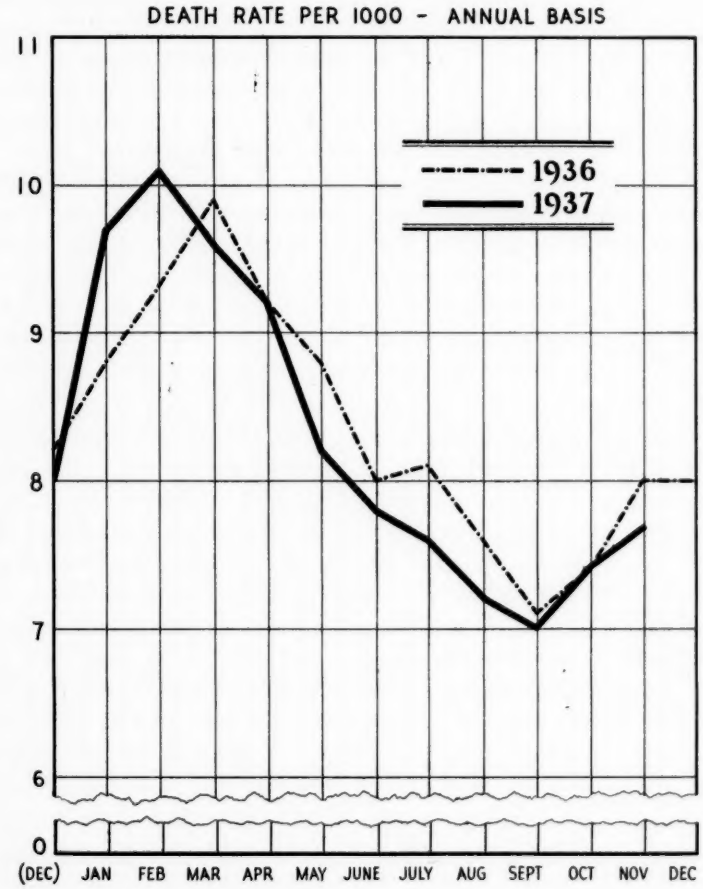
†Excludes pericarditis, acute endocarditis, acute myocarditis, and angina pectoris.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

STATISTICAL BULLETIN,
Metropolitan Life Insurance Company,
1 Madison Avenue, New York, N. Y.

DEATH RATES FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO. – INDUSTRIAL DEP'T.
WEEKLY PREMIUM-PAYING BUSINESS – TOTAL PERSONS



1936	8.8	9.3	9.9	9.2	8.8	8.0	8.1	7.6	7.1	7.4	8.0	8.0
1937	9.7	10.1	9.6	9.2	8.2	7.8	7.6	7.2	7.0	7.4	7.7	

Rates are provisional for 1937

METROPOLITAN LIFE INSURANCE COMPANY PRESS
NEW YORK, U.S.A.
78665

SUPPLEMENT TO VOLUME 18—STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

INDEX FOR 1937

	Mo.	Page
Accidents, all forms,		
chances of dying from,	Nov.	6
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
infants,		
U. S., 1933-35	Oct.	1
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
occupational,		
M. L. I. Co., 1929-36	June	1
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
U. S., 1937	Dec.	1
weight, relation to,	May	4
nonfatal, means of injury,		
M. L. I. Co., 1933-36	Sept.	2
prevention,	Dec.	2
Alcoholism,		
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
Anemia, pernicious,		
deaths, sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
Angina pectoris,		
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
weight, relation to,	May	3
Apoplexy, *See:* Cerebral hemorrhage.		
Appendicitis,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
Arteriosclerosis,		
deaths, sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
Automobile accidents,		
chances of dying from,	Nov.	7
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
age incidence,		
M. L. I. Co., 1925, 1936	Aug.	3
children,		
M. L. I. Co., 1925, 1936	Aug.	3
collision with other vehicles,		
M. L. I. Co., 1925, 1936	Aug.	4
increase,	Mar.	1
infants,		
U. S., 1933-35	Oct.	2
means of injury,		
M. L. I. Co., 1925, 1936	Aug.	4
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
"motor car massacre",	Mar.	1
occupational,		
M. L. I. Co., 1929-36	June	2
passengers,		
M. L. I. Co., 1925, 1936	Aug.	4
pedestrians,		
M. L. I. Co., 1925, 1936	Aug.	3
sex incidence,		
M. L. I. Co., 1925, 1936	Aug.	3
U. S., 1937	Dec.	1
nonfatal,		
M. L. I. Co., 1933-36	Sept.	1
prevention,	Mar.	1
Bachelors,		
deaths, age incidence,		
New York State, 1929-31	Feb.	7
marriage, average age,		
New York State, 1929-31	May	5
Birth rate,		
age of mothers,		
U. S., 1920-24, 1930-34	Dec.	5
balance of birth rate over death rate,		
U. S., 1936-37	Dec.	3
geographic distribution,		
U. S., 1937	Dec.	3
order of birth, relation to,		
U. S., 1920-24, 1930-34	Dec.	6
trend,		
U. S., 1920-24, 1930-34	Dec.	4
1930-35	Sept.	6
Births, premature,		
influence on puerperal mortality,	June	6
Blood pressure, high,		
weight, relation to,	May	3
Burns, accidental,		
chances of dying from,	Nov.	8
deaths,		
infants,		
U. S., 1933-35	Oct.	2
M. L. I. Co.,		
annual death rates, 1911, 1926-36	Jan.	7
occupational,		
M. L. I. Co., 1929-36	June	2
nonfatal,		
M. L. I. Co., 1933-36	Sept.	2
Calculi, biliary,		
deaths, sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
Cancer,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
increase,		
U. S., 1900-35	Nov.	2
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
weight, relation to,	May	4
Cerebral hemorrhage, apoplexy,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
weight, relation to,	May	3
lives saved due to declining death rate,	Nov.	2
Children,		
deaths,		
all causes,		
M. L. I. Co., 1916, 1926, 1936	Apr.	6
automobile accidents,		
M. L. I. Co., 1925, 1936	Aug.	3
Cirrhosis of liver,		
deaths,		
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5

	Mo.	Page
Communicable diseases of childhood,		
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
lives saved due to declining death rate,	Nov.	1
Conflagration,		
deaths, infants,		
U. S., 1933-35	Oct.	2
Coronary arteries, diseases of,		
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
Death claim payments, by cause of death,		
M. L. I. Co., 1926, 1936	Feb.	6
Death rates,		
age incidence,		
M. L. I. Co., 1916, 1926, 1936	Apr.	6
1936	July	9
New York State, 1929-31	Feb.	7
geographic distribution,		
U. S., 1937	Dec.	4
marital status, relation to,	Feb.	7
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
saving of lives due to decline,	Jan.	2
	Sept.	3
	Nov.	1
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
1936	July	9
New York State, 1929-31	Feb.	7
trend,		
M. L. I. Co., 1911-35	Sept.	3
U. S., 1930-35	Sept.	6
weight, relation to,	May	3
Diabetes,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
increase,		
U. S., 1900-35	Nov.	2
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
weight, relation to,	May	4
Diarrhea and enteritis,		
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
lives saved due to declining death rate,	Nov.	1
Diphtheria,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
lives saved due to declining death rate,	Nov.	2
Drowning, accidental,		
chances of dying from,	Nov.	8
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
infants,		
U. S., 1933-35	Oct.	2
M. L. I. Co.,		
annual death rates, 1911, 1926-36	Jan.	7
occupational,		
M. L. I. Co., 1929-36	June	2
Economic conditions,		
hospitalization of pay patients,	Oct.	8
Electricity, accidents from,		
deaths, occupational,		
M. L. I. Co., 1929-36	June	2
Epilepsy,		
deaths, trend,		
M. L. I. Co., 1911-35	Sept.	5
Erysipelas,		
deaths,		
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
Expectation of life,		
foreign-born	Aug.	7
M. L. I. Co., 1911-12, 1935	Jan.	2
1936	July	9
native-born,	Aug.	7
Negroes,		
M. L. I. Co., 1936	July	9
rural areas,	Aug.	7
U. S., 1930-35	Sept.	6
urban areas,	Aug.	7
See also: Probability of surviving to age 65.		
External causes of death,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
increase,		
U. S., 1900-35	Nov.	2
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
See also: Accidents; Homicide; Suicide.		
Falls, accidental,		
chances of dying from,	Nov.	8
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
infants,		
U. S., 1933-35	Oct.	2
M. L. I. Co.,		
annual death rates, 1911, 1926-36	Jan.	7
occupational,		
M. L. I. Co., 1929-36	June	2
nonfatal,		
M. L. I. Co., 1933-36	Sept.	1
Firearms, accidents from,		
nonfatal,		
M. L. I. Co., 1933-36	Sept.	2
Floods, health problems of,	Feb.	1
Foreign-born, expectation of life,		
U. S., 1930	Aug.	7
Gallstones, *See:* Calculi, biliary.		
Giants, age at death,	July	1
Girth and death,	May	2
Goiter, exophthalmic,		
deaths, sex incidence,		
M. L. I. Co., 1931-35	Dec	8
Heart, diseases of,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
increase,		
U. S., 1900-35	Nov.	2
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
weight, relation to,	May	3
Heat, excessive,		
deaths, infants,		
U. S., 1933-35	Oct.	2
Height, relation to longevity,	July	1
Hernia,		
deaths, sex incidence,		
M. L. I. Co., 1931-35	Dec.	8

	Mo.	Page
Home, accidents in,		
nonfatal,		
M. L. I. Co., 1933-36	Sept.	1
Homicide,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
Hospitalization,		
pay patients,	Oct.	8
relation to economic conditions,	Oct.	6
Infant mortality,		
accidents,		
U. S., 1933-35	Oct.	1
cause of death,		
New York State, 1904-08, 1931-35	Aug.	5
seasonal incidence,		
New York State, 1904-08, 1931-35	Aug.	5
trend,		
U. S., 1915-35	Feb.	2
Influenza,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
weight, relation to,	May	4
lives saved due to declining death rate,	Nov.	1
Leukemia,		
deaths, sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
Life tables,		
foreign-born,	Aug.	8
M. L. I. Co., 1936	July	9
native-born,	Aug.	8
Negroes,		
M. L. I. Co., 1936	July	9
rural areas,		
U. S., 1930	Aug.	8
U. S., 1935	Sept.	7
urban areas,		
U. S., 1930	Aug.	8
Longevity, relation to:		
height,	July	1
marital status,	Feb.	7
See also: Expectation of life; Probability of surviving to age 65.		
Machinery, accidents from,		
deaths,		
M. L. I. Co.,		
annual death rates, 1911, 1926-36	Jan.	7
occupational,		
M. L. I. Co., 1929-36	June	2
nonfatal,		
M. L. I. Co., 1933-36	Sept.	2
Malaria,		
deaths,		
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
Marriage,		
age at first marriage,		
New York State, 1929-31	May	5
mortality, relation to,		
New York State, 1929-31	Feb.	7
rates,		
international, 1934-35	Jan.	8
U. S., 1934-35	Jan.	8
Maternal Mortality, See: Puerperal state, diseases of.		
Measles,		
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
lives saved due to declining death rate,	Nov.	3
Meningitis, meningococcus,		
deaths, sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
Mental disease,		
admission rates to hospitals,		
Massachusetts and New York State,	July	7
probability of,	July	5
Mines and quarries, accidents in,		
deaths, occupational,		
M. L. I. Co., 1929-36	June	2
Native-born, expectation of life,		
U. S., 1930	Aug.	7
Natural increase of population,		
U. S., 1930-35	Sept.	6
1936-37	Dec.	3
Negroes,		
deaths,		
all causes,		
M. L. I. Co., 1936	July	9
pneumonia,		
M. L. I. Co., 1931-35	Nov.	4
specific causes,		
M. L. I. Co.,		
January-March, 1935-37	Apr.	5
January-June, 1935-37	July	4
January-September, 1936-37	Oct.	5
life table,		
M. L. I. Co., 1936	July	9
Nephritis, chronic,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
causes of decline,	Mar.	7
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-36	Mar.	5
weight, relation to,	May	3
lives saved due to declining death rate,	Nov.	2
Occupational accidents,		
deaths, trend,		
M. L. I. Co., 1929-36	June	1
Old age,		
chances of surviving to,	Mar.	2
deaths,		
all causes,		
M. L. I. Co., 1916, 1926, 1936	Apr.	6
automobile accidents,		
M. L. I. Co., 1925, 1936	Aug.	3
Overweight, influence on mortality,	May	2
Pedestrians, accidents to,		
deaths, age incidence,		
M. L. I. Co., 1925, 1936	Aug.	3
nonfatal,		
M. L. I. Co., 1933-36	Sept.	1
Pellagra,		
deaths,		
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
Pneumonia,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
age incidence,		
M. L. I. Co., 1931-35	Nov.	4
color incidence,		
M. L. I. Co., 1931-35	Nov.	4
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Nov.	4
1931-35	Dec.	8

	Mo.	Page
trend,		
M. L. I. Co., 1911-35	Sept.	5
weight, relation to,	May	4
lives saved due to declining death rate,	Nov.	1
occupation, relation to,	Nov.	4
serum therapy,	Nov.	3
Poisoning, accidental death,		
food,		
U. S., 1933-35	Oct.	2
gas,		
M. L. I. Co., 1929-36	June	2
Poliomyelitis,		
deaths, sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
epidemics,	Oct.	8
Population, natural increase,		
U. S., 1930-35	Sept.	6
1936-37	Dec.	3
Probability of:		
becoming mentally ill,	July	5
death from accident,	Nov.	6
surviving to age 65,	Mar.	3
Public places, accidents in,		
nonfatal,		
M. L. I. Co., 1933-36	Sept.	1
Puerperal state, diseases of,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
complications of pregnancy,	June	6
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
relation to:		
premature delivery,	June	6
stillbirths,	June	6
trend,		
M. L. I. Co., 1911-35	Sept.	4
U. S., 1915-35	Aug.	1
lives saved due to declining death rate,	Nov.	2
Rabies, *seasonal incidence,*	May	1
Railroad accidents,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
M. L. I. Co.,		
annual death rates, 1911, 1926-36	Jan.	7
occupational,		
M. L. I. Co., 1929-36	June	2
Rheumatic diseases,		
deaths,		
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
Rural areas, influence on:		
chances of surviving to age 65,	Mar.	4
expectation of life,	Aug.	7
Saving *of life,*		
result of declining death rate,	Jan.	2
	Sept.	3
	Nov.	1
Scarlet fever,		
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
lives saved due to declining death rate,	Nov.	3
Serum therapy, pneumonia,	Nov.	3
Sex ratio of mortality,	Feb.	9
	July	9
	Aug.	3
	Nov.	4
	Dec.	7
Smallpox,		
geographic distribution,		
Canada and U. S., 1936	June	2
Spinsters,		
deaths, age incidence,		
New York State, 1929-31	Feb.	7
marriage, average age,		
New York State, 1929-31	May	5
Stillbirths,	Mo.	Page
causes,	June	6
relation to:		
puerperal complications of mother,	June	6
syphilis,	June	7
Suffocation, accidental,		
deaths, infants,		
U. S., 1933-35	Oct.	2
Suicide,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
weight, relation to,	May	4
Sulfanilamide, "elixir of",		
deaths, U. S., 1937	Dec.	2
Survival to age 65, probability of,	Mar.	2
Syphilis,		
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
stillbirths, influence on,	June	7
Tall *men, mortality,*	July	1
Tuberculosis,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
decline,	Apr.	1
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
weight, relation to,	May	4
lives saved due to declining death rate,	Nov.	1
Typhoid fever,		
death claim payments,		
M. L. I. Co., 1926, 1936	Feb.	6
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
lives saved due to declining death rate,	Nov.	2
Ulcers, *stomach and duodenal,*		
deaths, sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
Urban areas, influence on:		
chances of surviving to age 65,	Mar.	4
expectation of life,	Aug.	7
Weight, *influence on mortality,*	May	2
Whooping cough,		
deaths,		
M. L. I. Co.,		
January-March, by color, 1935-37	Apr.	5
January-June, by color, 1935-37	July	4
January-September, by color, 1936-37	Oct.	5
January-December, 1911, 1926-36	Jan.	7
sex incidence,		
M. L. I. Co., 1931-35	Dec.	8
trend,		
M. L. I. Co., 1911-35	Sept.	5
lives saved due to declining death rate,	Nov.	3
Widowers,		
deaths, age incidence,		
New York State, 1929-31	Feb.	7
Widows,		
deaths, age incidence,		
New York State, 1929-31	Feb.	7

M. L. I. CO. PRESS—78673—PRINTED IN U.S.A.

	Page
e	6
e	6
e	7
	2
	6
	5
y	4
	5
	7
	8
y	4
	2
r.	2
	5
y	4
	5
	7
	8
e	7
	1
	6
	1
	5
y	4
	5
	7
	8
t.	5
y	4
r.	1
	6
	5
y	4
	5
	7
	8
t.	5
r.	2
	8
	4
	7
y	2
	5
	4
	5
	7
	8
t.	5
r.	3
	7
	7